

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005991

1. Entity Name

COMMUNITY LEADERSHIP FOUNDATION, INC.

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90088 001 ****61.25

Principal Place of Business

5201 NW 34TH ST
GAINESVILLE FL 32605

Mailing Address

4023 NW 34TH PLACE
GAINESVILLE FL 32606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3534147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORGI, JASON
1505 FT CLARKE BLVD
APT #14-307
GAINESVILLE FL 32606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LANE, IAN
STREET ADDRESS P.O. BOX 12633 N/A
CITY-ST-ZIP GAINESVILLE FL 32604 ☐ Delete

TITLE PD
NAME Lane, Ian
STREET ADDRESS P.O. Box 1408
CITY-ST-ZIP New York, NY 10163 ☒ Change ☐ Addition

TITLE VD
NAME SORGI, JASON
STREET ADDRESS 1505 FORT CLARKE BLVD #14-307
CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME KELLENBERGER, DAVID
STREET ADDRESS 239 SW 12TH ST
CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME SLOSS, KRISTEN
STREET ADDRESS 4440 S.W. ARCHER RD., #1521
CITY-ST-ZIP GAINESVILLE FL 32608 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WORKMAN, KRISTA
STREET ADDRESS 2007 SAVONA PKWY.
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME DELAULO, NICHOLAS
STREET ADDRESS 1505 FORT CLARK RD #14-307
CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02 (202) 297-9679

Date

Daytime Phone #

CR2E037 (9/01)